



**General Services
Administration
(GSA)
Child Care
Subsidy Payment Policy
Handbook**

GSA Administered Child Care Subsidy Programs Provider Handbook

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How to contact us:
General Services Administration (GSA)
Subsidy Administration Section
2300 Main Street—2SE
Kansas City, MO 64108
Phone: 866-508-0371
Fax: 816-823-5445
Email: childcareprovider@gsa.gov



General Services Administration (GSA) Child Care Subsidy Program**GSA Child Care Subsidy Program Payment Overview**

The GSA Subsidy Administration Section on behalf of the U.S. Coast Guard, GSA, National Park Service and the U.S. Customs and Border Protection is providing you with information regarding our payment process to ensure that all Families benefits are paid in a timely manner.

To receive payment, all Child Care Providers must complete and submit a properly completed and signed Invoice & Attendance Form to the GSA Subsidy Administration Section for payment on a monthly basis.

Invoices must be submitted to the appropriate email address/fax number in order for payment to be issued. Invoices submitted to an address other than the applicable program's address/number may cause a delay in payment. Each Family Invoice & Attendance Form issued will contain the applicable email address/fax number to be used when submitting the invoice for payment.

Invoice submission**U.S. Coast Guard (USCG):**

Email: uscginvoices.childcare@gsa.gov

Fax: (816) 926-5445

GSA

Email: childcare@gsa.gov

Fax: (816) 823-5432

National Park Service (NPS):

Email: npschildcare@gsa.gov

Fax: (816) 926-5445

U.S. Customs and Border Protection (CBP)

Email: cbp.childcare@gsa.gov

Fax: (816) 823-5482



General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Invoice & Attendance Billing Record Requirements

- ⇒ If the child's rate and/or attendance has changed, please complete and submit the Family Enrollment Provider Cost Verification Form 2015-01 which can be found at the GSA Website: <http://www.gsa.gov/portal/content/164623>. Once on the website, please select the appropriate Agency/Department to locate the form applicable to the Family. Upon the GSA updating the Family's case, you will receive a new invoice for billing the GSA based upon the current rate and attendance
- ⇒ One invoice per child per month must be submitted to the GSA for payment
- ⇒ Invoices can be submitted on/after the 15th of the month for the current month's billing
- ⇒ Invoices must be submitted within 90 days of month of service in order for payment to be processed. Invoices received after 90 days will not be authorized for payment
- ⇒ Each invoices must contain the Month and year of service that is being billed
- ⇒ Attendance Record must be completed in it's entirety for each day the child attended and/or that your Child Care Program is billing the Family. Please use the appropriate code as indicated for the type of care being provided
- ⇒ Total Cost that your Child Care Program is billing the Family for the specified period of service. The amount listed should include any discounts or other subsidies authorized on behalf of the Family.
- ⇒ Late Fees, Early Withdrawal Fees, Field Trips, Activity Fees, or any other Fee that is an optional fee is not authorized and should not be included in the Total Cost listed
- ⇒ Child Care Costs covered include Full Time Care, Part Time Care, Before School, After School, Before & After School care. Tuition once a child reaches Kindergarten, to include tuition for private schools is not authorized and should not be billed to the GSA on behalf of the Family
- ⇒ Agency/Balance Due will be the Total Cost billed to the Family less Member/Family Portion (the amount that the Family must pay prior to the Provider invoice being paid by GSA)
- ⇒ Provider Signature, a representative of your Child Care Program must sign the invoice, certifying that the child attended the center for the period of service listed, the Total Cost written on the invoice is the correct cost charged to the Family for that period of service.
- ⇒ Signature of the Service Member/Employee or their Spouse or designated Power of Attorney (POA). This signature is certification that the information is correct, that they received the stated child care services for the indicated period of time and that they were billed and have paid or have made arrangements to pay the Member/Employee/Family Portion shown on the invoice.
- ⇒ Invoices must contain original signatures of the Child Care Provider and Member/Employee, Spouse or POA. Invoices that do not contain the required signatures or appear to have a photo copy of a signature will not be authorized for payment.

**General Services Administration (GSA) Child Care Subsidy
Program Payment Policy Handbook**

Billing Calendar

2016 Calendar

<div>January 2016</div> <table><tr><th>W</th><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr><tr><td>53</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td></tr><tr><td>1</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>2</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td>3</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr><tr><td>4</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr><tr><td>5</td><td>31</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	W	S	M	T	W	T	F	S	53						1	2	1	3	4	5	6	7	8	9	2	10	11	12	13	14	15	16	3	17	18	19	20	21	22	23	4	24	25	26	27	28	29	30	5	31							<div>February 2016</div> <table><tr><th>W</th><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr><tr><td>5</td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr><tr><td>7</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr><tr><td>8</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr><tr><td>9</td><td>28</td><td>29</td><td></td><td></td><td></td><td></td><td></td></tr></table>	W	S	M	T	W	T	F	S	5		1	2	3	4	5	6	6	7	8	9	10	11	12	13	7	14	15	16	17	18	19	20	8	21	22	23	24	25	26	27	9	28	29						<div>March 2016</div> <table><tr><th>W</th><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr><tr><td>9</td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>10</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr><tr><td>11</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr><tr><td>12</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr><tr><td>13</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td></tr></table>	W	S	M	T	W	T	F	S	9			1	2	3	4	5	10	6	7	8	9	10	11	12	11	13	14	15	16	17	18	19	12	20	21	22	23	24	25	26	13	27	28	29	30	31			<div>April 2016</div> <table><tr><th>W</th><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr><tr><td>13</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td></tr><tr><td>14</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>15</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr><tr><td>17</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr></table>	W	S	M	T	W	T	F	S	13						1	2	14	3	4	5	6	7	8	9	15	10	11	12	13	14	15	16	16	17	18	19	20	21	22	23	17	24	25	26	27	28	29	30
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General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

4/5 Week Billing Invoice

Child Care Subsidy Program Invoice & Attendance Form																															
Provider:		ABC DAYCARE																													
Address:		123 MAIN STREET ANYTOWN, USA 12345																													
Remit to Address:		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345																													
Email address:		ABCDAYCARE@MAIL.COM																													
Tax ID #		12345678-00001																													
Phone #		(816) 555-1234								Fax #		(816) 555-5678																			
Member/Employee Name		SAM SMITH																													
Child Name		JENNIFER SMITH																													
Month of Service																															
Attendance & Billing Record:																															
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																
Member/Family Annual Recertification Date: Monday, 01 May 2017																															
Current Child Care Cost Billing								Monday Billing								Approved Child Care Subsidy Benefit															
Total Cost Billed		\$								Total 4 Week Cost		\$800.00		Total 5 Week Cost		\$1,000.00															
Less Member/Employee Portion		\$								Member/Employee Portion		\$575.00		Member/Employee Portion		\$718.75															
Department/Agency Balance Due		\$								Department/Agency Portion		\$225.00		Department/Agency Portion		\$281.25															
MAXIMUM 4 WEEK BENEFIT								\$369.23								MAXIMUM 5 WEEK BENEFIT								\$481.54							
Provider Signature _____																															
Member/Employee Signature _____																															
Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.																															
Return completed Invoice & Attendance Form via any of the following:																															
Fax: (816) 823-XXXX Email: childcare@gsa.gov Questions: (866) 508-0371								Mail: General Services Administration / Attention: Child Care 2300 Main St - 2SE Kansas City, MO 64108																							
CC 2003-02																															

**Sample invoice issued to Child Care Providers that bill on a 4/5 Week Month.
Please defer to the calendar on Page 5 of this handbook to ensure that the correct
number of weeks is being billed based upon the Provider's day of billing.**

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Instructions for Completing 4/5 Week Invoices

**Child Care Subsidy Program
Invoice & Attendance Form**

Provider: ABC DAYCARE
Address: 123 MAIN STREET
ANYTOWN, USA 12345
Remit to Address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345
Email address: ABCDAYCARE@MAIL.COM

Tax ID # 12345678-00001
Phone # (816) 555-1234 Fax # (816) 555-5678
Member/Employer Name SAM SMITH
Child Name JENNIFER SMITH
Month of Service May 1 - 31, 2016

Attendance & Billing Record:
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X	X	X	X	X			X	X	X	X	X		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
X	X	X	X	X			X	X	X	X	X			X

Member/Family Annual Recertification Date: Monday, 01 May 2017

Current Child Care Cost Billing

Total Cost Billed	\$	<u>1,000.00</u>	Total 4 Week Cost	\$800.00	Total 5 Week Cost	\$1,000.00
Less Member/Employer Portion	\$	<u>718.75</u>	Member/Employer Portion	\$575.00	Member/Employer Portion	\$718.75
Department/Agency Balance Due	\$	<u>281.25</u>	Department/Agency Portion	\$225.00	Department/Agency Portion	\$281.25

MAXIMUM 4 WEEK BENEFIT \$389.20 MAXIMUM 5 WEEK BENEFIT \$481.54

Provider Signature *Lusie Daycare Provider*
Member/Employer Signature *Sam Smith*

Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent recalculation of benefits required.

Return completed Invoice & Attendance Form via any of the following:

Fax: (816) 823-XXXX
Email: childcare@gsa.gov
Questions: (866) 508-0371

Mail: General Services Administration / Attention: Child Care
2300 Main St - 2SE
Kansas City, MO 64108

CC 2003-02

Month and Year of child care service being billed

For each day of the month, enter the code for the attendance of the child, from the list above the table

Enter the Total Cost of the care based upon the day of week your Child Care Program bills upon

Enter the Member/Family amount paid based upon the number of weeks billed

Enter the Balance due (total cost less the family portion)

Child Care Provider Signature

Member/Employer Signature

Please note that each instruction as listed above must be completed on each invoice submitted to the GSA for payment.

For the 4/5 Week Billing Option, Providers must ensure that they bill based upon the appropriate number of weeks within the billing month. Please refer to the calendar on the next page of this handbook to ensure properly completed Invoice & Attendance forms are submitted to the GSA for Payment. Invoices billing for the incorrect number of weeks will not be authorized for payment.

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Monthly Billing Invoice

Child Care Subsidy Program Invoice & Attendance Form															
Provider:		ABC DAYCARE													
Address:		123 MAIN STREET ANYTOWN, USA 12345													
Remit to Address:		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345													
Email address:		ABCDAYCARE@MAIL.COM													
Tax ID #		12345678-00001													
Phone #		(816) 555-1234				Fax #		(816) 555-5678							
Member/Employee Name		SAM SMITH													
Child Name		JENNIFER SMITH													
Month of Service															
Attendance & Billing Record:															
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was T ERMINAT ED															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Member/Family Annual Recertification Date: Monday, 01 May 2017															
Current Child Care Cost Billing															
Total Cost Billed		\$								Approved Child Care Subsidy Benefit					
										Total Monthly Cost \$750.00					
Less Member/Employee Portion		\$								Total Member/Employee Portion \$425.00					
Department/Agency Balance Due		\$								Department/Agency Portion \$325.00					
MAXIMUM BENEFIT \$375.00 PER MONTH															
Provider Signature _____															
Member/Employee Signature _____															
Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.															
Return completed Invoice & Attendance Form via any of the following:															
Fax: (816) 823-XXXX				Mail: General Services Administration / Attention: Child Care											
Email: childcare@gsa.gov				2300 Main St - 2SE											
Questions: (866) 508-0371				Kansas City, MO 64108											
CC 2002-02															

Sample invoice issued to Child Care Providers that bill on a MONTHLY basis

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Instructions for Completing Monthly Invoices

**Child Care Subsidy Program
Invoice & Attendance Form**

Provider: ABC DAYCARE

Address: 123 MAIN STREET
ANYTOWN, USA 12345

Remit to Address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345
Email address: ABCDAYCARE@MAIL.COM

Tax ID # 12345678-00001

Phone # (816) 555-1234 **Fax #** (816) 555-5678

Member/Employee Name SAM SMITH
Child Name JENNIFER SMITH

Month of Service May 1 - 31, 2016

Attendance & Billing Record:

To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE, or "T" if service was TERMINATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X	X	X	X	X			X	X	X	X	X		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
X	X	X	X	X			X	X	X	X			X	X

Member/Family Annual Recertification Date: Monday, 01 May 2017

Current Child Care Cost Billing

Total Cost Billed	\$	750.00		Approved Child Care Subsidy Benefit
Less Member/Employee Portion	\$	425.00		Total Monthly Cost \$750.00
Department/Agency Balance Due	\$	325.00		Total Member/Employee Portion \$425.00
		MAXIMUM BENEFIT \$75.00 PER MONTH		Department/Agency Portion \$325.00

Provider Signature Lacie Daycare Provider

Member/Employee Signature Sam Smith

Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.

Return completed Invoice & Attendance Form via any of the following:

Fax: (816) 823-XXXX

Email: childcare@gsa.gov

Questions: (866) 508-0371

Mail: General Services Administration / Attention: Child Care

2300 Main St - 2SE

Kansas City, MO 64108

CC 2002-02

- Month and Year of child care service being billed
- For each day of the month, enter the code for the attendance of the child, from the list above the table
- Enter the Total Cost of the care
- Enter the Member/Family amount paid
- Enter the Balance due (total cost less the family portion)
- Child Care Provider Signature
- Member/Employee Signature

Please note that each instruction as listed above must be completed on each invoice submitted to the GSA for payment.

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Daily / Hourly Billing Invoice

Child Care Subsidy Program Invoice & Attendance Form															
Provider:		ABC DAYCARE													
Address:		123 MAIN STREET ANYTOWN, USA 12345													
Remit to Address:		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345													
Email address:		ABCDAYCARE@MAIL.COM													
Tax ID #		12345678-00001													
Phone #		(816) 555-1234				Fax #		(816) 555-5678							
Member/Employee Name		SAM SMITH													
Child Name		JENNIFER SMITH													
Month of Service															
Attendance & Billing Record:															
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Member/Family Annual Recertification Date: Monday, 01 May 2017															
Current Child Care Cost Billing															
Total Number Day Billed								Approved USCG Child Care Subsidy Benefit							
Total Cost Billed \$ _____								Total Daily Cost \$35.00							
Less Member/Employee Portion \$ _____								Member/Employee Portion \$26.80							
Department/Agency Balance Due \$ _____								Department/Agency Portion \$8.20							
MAXIMUM BENEFIT \$375.00 PER MONTH															
<div style="display: flex; justify-content: space-between;"> <div> Provider Signature _____ Member/Employee Signature _____ </div> <div style="font-size: x-small;"> <i>Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.</i> </div> </div>															
Return completed Invoice & Attendance Form via any of the following:															
Fax: (816) 823-XXXX Email: childcare@gsa.gov Questions: (866) 508-0371								Mail: General Services Administration / Attention: Child Care 2300 Main St - 2SE Kansas City, MO 64108							

CC 2003-02

Sample invoice issued to Child Care Providers that bill Daily/Hourly

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Instructions for Daily / Hourly Invoices

**Child Care Subsidy Program
Invoice & Attendance Form**

Provider: ABC DAYCARE

Address: 123 MAIN STREET
ANYTOWN, USA 12345

Remit to Address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345
Email address: ABCDAYCARE@MAIL.COM

Tax ID # 12345678-00001

Phone # (816) 555-1234 **Fax #** (816) 555-5678

Member/Employee Name SAM SMITH

Child Name JENNIFER SMITH

Month of Service May 1 - 31, 2016

Attendance & Billing Record:

To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
X	X	X	X	X	X		X		X	X	X			
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
X	X	X	X	X	X		X	X	X	X	X			X

Member/Family Annual Recertification Date: Monday, 01 May 2017

Current Child Care Cost Billing

<p>Total Number Day Billed <u>18</u></p> <p>Total Cost Billed \$ <u>630.00</u></p> <p>Less Member/Employee Portion \$ <u>482.40</u></p> <p>Department/Agency Balance Due \$ <u>147.60</u></p>	<p><small>Approved OSOG Child Care Subsidy Benefit</small></p> <p><small>Total Daily Cost: \$35.00</small></p> <p><small>Member/Employee Portion: \$26.80</small></p> <p><small>Department/Agency Portion: \$8.20</small></p> <p><small>MAXIMUM BENEFIT: \$375.00 PER MONTH</small></p>
---	---

Provider Signature *Luis Daycare Provider*

Member/Employee Signature *Sam Smith*


Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.


Return completed Invoice & Attendance Form via any of the following:


Fax: (816) 825-XXXX
Email: childcare@gsa.gov
Questions: (866) 508-0371

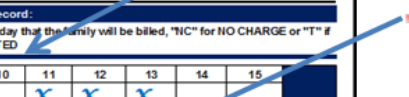
Mail: General Services Administration / Attention: Child Care
2300 Main St - 2SE
Kansas City, MO 64108

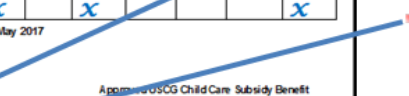
CC 000002

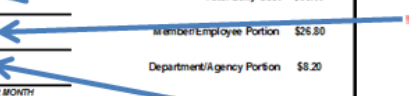



 **Month and Year of child care service being billed**


 **For each day of the month, enter the code for the attendance of the child, from the list above the table**

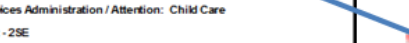
 **Enter the Total Number of Days or Hours Billed for the care provided**

 **Enter the Total Cost of the care based upon the day of week your Child Care Program bills upon**

 **Enter the Member/Family amount paid based upon the number of weeks billed**

 **Enter the Balance due (total cost less the family portion)**

 **Child Care Provider Signature**

 **Member/Employee Signature**

Please note that each instruction as listed above must be completed on each invoice submitted to the GSA for payment.

For Daily / Hourly Invoices, Providers must list the number of Days or Hours that they are billing the Family, multiply this number by the Total Cost as listed on the right hand side of the invoice under the approved Child Care Subsidy Benefit, enter that amount on the Total Cost Line, multiply the same number by the Member/Employee Portion entering that amount on the "Less Member/Employee Portion and multiply the same number by the Department/Agency Portion entering that amount on the Department/Agency Balance Due Line. Please note that for Department/Agencies that have a Maximum Monthly Benefit, the amount being billed cannot exceed that amount. In instances where the balance due exceeds to the Maximum Monthly Benefit, the Monthly Maximum Benefit will be paid.

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Two (2) Types of Care Billing Invoice

Child Care Subsidy Program Invoice & Attendance Form																	
Provider:		ABC DAYCARE															
Address:		123 MAIN STREET ANYTOWN, USA 12345															
Remit to Address:		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345															
Email address:		ABCDAYCARE@MAIL.COM															
Tax ID #		12345678-00001															
Phone #		(816) 555-1234								Fax #		(816) 555-5678					
Member/Employee Name		SAM SMITH															
Child Name		JENNIFER SMITH															
Month of Service																	
Attendance & Billing Record:																	
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Member/Family Annual Recertification Date: Monday, 01 May 2017																	
Current Child Care Cost Billing																	
Total Number Day Billed								Approved USCG Child Care Subsidy Benefit									
Total Cost Billed \$ _____								Total Daily Cost \$35.00									
Less Member/Employee Portion \$ _____								Member/Employee Portion \$26.80									
Department/Agency Balance Due \$ _____								Department/Agency Portion \$8.20									
MAXIMUM BENEFIT \$375.00 PER MONTH																	
<div style="display: flex; justify-content: space-between;"> <div> Provider Signature _____ Member/Employee Signature _____ </div> <div style="font-size: 0.8em;"> <p>Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.</p> <p>Return completed Invoice & Attendance Form via any of the following:</p> <div style="display: flex; justify-content: space-between; font-size: 0.75em;"> <div> Fax: (816) 823-XXXX Email: childcare@gsa.gov Questions: (866) 508-0371 </div> <div> Mail: General Services Administration / Attention: Child Care 2300 Main St - 2SE Kansas City, MO 64108 </div> </div> </div> </div>																	

CC 2003-02

Sample invoice issued to Child Care Providers that bill based upon two (2) types of care. The types of care for this example are for a Full Time Weekly Rate with an additional Hourly Rate

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Two (2) Types of Care Billing Invoice

Child Care Subsidy Program Invoice & Attendance Form

Provider: ABC DAYCARE
 Address: 123 MAIN STREET
 ANYTOWN, USA 12345
 Remit to Address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345
 Email address: ABCDAYCARE@MAIL.COM
 Tax ID # 12345678-00001
 Phone # (816) 555-1234 Fax # (816) 555-5678

Member Name SAM SMITH
 Child Name JENNIFER SMITH
 Month of Service May 1 - 31, 2016

Attendance & Billing Record:
 To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X	X	X	X	X			X	X	X	X	X		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
X	X	X	X	X			X	X	X					

Member/Family Annual Recertification Date: Monday, 01 May 2017

Total Cost \$ 651.50

Total Member/Employee Weekly Full Time Portion \$142.50
 Total Member/Employee Hourly Portion \$9.50
 Department/Agency Balance Due \$ 171.50

Approved USG Child Care Subsidy Benefit

Total Cost \$195.00
 Less Member/Employee Portion \$142.50
 Department/Agency Portion \$52.50
 Total Cost \$9.50
 Less Member/Employee Portion \$7.50
 Department/Agency Portion \$2.00

Number of Weeks 3
 Number of Hours 7
 Less Member/Employee Portion \$427.50
 Less Member/Employee Portion \$52.50

MAXIMUM BENEFIT \$375.00 PER MONTH

Provider Signature Jessie Daycare Provider
 Member/Employee Signature Sam Smith

Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.

Return completed Invoice & Attendance Form via any of the following:
 Fax: (816) 823-XXXX
 Email: childcare@gsa.gov
 Questions: (866) 508-0371
 Mail: General Services Administration / Attention: Child Care
 2300 Main St - 2SE
 Kansas City, MO 64108

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Month and Year of child care service being billed

For each day of the month, enter the code for the attendance of the child, from the list above the table

Enter the Total Cost of the care billed within the Month of Service being billed

Enter the total number of Hours, Days, Weeks being billed on the applicable line

Enter the Member/Family amount paid based upon the number of weeks billed on the applicable line

Enter the Balance due (total cost less the family portion)

Child Care Provider Signature

Member/Employee Signature

Please note that each instruction as listed above must be completed on each invoice submitted to the GSA for payment.

For invoices that contain more than one care type, Providers must complete each section of the payment portion of the invoice, to include the Number of Weeks, Days, Hours, calculating and entering the Member/Employee Portion for each type of care being charged to the Member/Employee/Family for the month of service being billed along with calculating and entering the Department/Agency Portion on the Department/Agency Balance Due Line. Please note that for Department/Agencies that have a Maximum Monthly Benefit, the amount being billed cannot exceed that amount. In instances where the balance due exceeds to the Maximum Monthly Benefit, the Monthly Maximum Benefit will be paid.

General Services Administration (GSA) Child Care Subsidy

Child Care Subsidy Payment Policy

- ⇒ Child Care Subsidy Payments are issued directly to the qualifying Child Care Provider and are made within 10 days of receipt of the completed and signed Child Care Invoice.
- ⇒ Invoices should be submitted via email or fax which will assist in expediting the payment process. Invoices may be submitted via U.S. Mail, however the processing of these documents will not begin until the day following delivery to the GSA Child Care Subsidy Section
- ⇒ Child Care Subsidy Payments are issued via the U.S. Treasury in Kansas City, MO and will be processed via Electronic Funds Transfers (EFT) for those Providers who supplied their banking information. For Providers who did not submit this information to the GSA, they will receive payment via U.S. Treasury Check which will add an additional 7—10 business days to the payment process



- ⇒ Payments will only be issued on behalf of Member/Families and Providers both of which have been approved by the GSA and whose information on file with the GSA Subsidy Administration Section is current
- ⇒ Payments will only be authorized when a properly completed and signed GSA issued Invoice & Billing Record has been submitted to the GSA for payment
- ⇒ Child Care Providers who have provided the GSA with a valid email address will receive payment notifications each time a payment is issued. Please see Page 15 of this handbook for a sample of this notification,
- ⇒ If/when a child's rate and/or attendance changes, a new Invoice & Billing Record will be issued with the updated information, at which time any invoices on hand should be destroyed as they will no longer be accepted for periods of service that begin on/after the rate/attendance change
- ⇒ Families are responsible for all child care costs above the maximum benefit listed on the Invoice & Billing Record for those Departments/Agencies that have a maximum benefit clause built into their child care program
- ⇒ Providers and/or Members/Employees who erroneously submit Invoice & Billing Records for payment that have been identified, will be subject to repayment of the Child Care Subsidy Benefit issued, be subject to removal from the program and be reported to the applicable Child Care Program official.
- ⇒ Downward Total Cost adjustments may occasionally be made by Child Care Providers due to individual situations. The Child Care Provider must ensure that the Total Cost indicated on the Invoice & Attendance Form reflects the **actual** total cost charged to the Family so that GSA can correctly calculate the subsidy amount for that period of service.

GSA Administered Child Care Subsidy Programs Provider Handbook

Sample Email Notification of Payment Issued

One Child Payment Notification

On May 6, 2016, at 1:40 AM, CHILDCAREPROVIDER@GSA.GOV wrote:

The GSA Subsidy Administration section has processed a payment for Invoice (detailed below) in the amount of \$464.00

Funds should be in your account 1-3 business days for EFT payment type or if receiving a check, the wait is 7-10 business days.

SUMMARY:

Invoice Number	SMITH043016X4185
Check/Trace Number	42178050
Disbursement Date	05/05/2016
Total Amount	\$464.00

DETAIL

Child name(s)	Amount
JACKSON SMITH	\$464.00

This automated email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email.

Questions? Contact GSA Subsidy Administration team at childcareprovider@gsa.gov or 1-866-508-0371.

Two Children Payment Notification *(Please note that a single amount may be paid on behalf of multiple children when more than one invoice is received and processed for payment on the same day. Providers must use the payment detail to properly credit the Family's account).*

On Apr 27, 2016, at 2:15 AM, CHILDCAREPROVIDER@GSA.GOV wrote:

The GSA Subsidy Administration section has processed a payment for Invoice (detailed below) in the amount of \$464.00

Funds should be in your account 1-3 business days for EFT payment type or if receiving a check, the wait is 7-10 business days.

SUMMARY:

Invoice Number	JONES043016X4185
Check/Trace Number	42178050
Disbursement Date	04/28/2016
Total Amount	\$475.00

DETAIL

Child name(s)	Amount
DERRICK JONES	\$225.00
CINDY JONES	\$250.00

This automated email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email.

Questions? Contact GSA Subsidy Administration team at childcareprovider@gsa.gov or 1-866-508-0371.

General Services Administration (GSA) Child Care Subsidy Program Payment Policy Handbook

Registration/Program Fees

Providers will be paid for Registration/Program Fees based upon each program as follows:

- ◆ U.S. Coast Guard (USCG): Up to \$200 per year per child as long as the Member has not exceeded the maximum benefit as authorized by the U.S. Coast Guard Child Care Subsidy Program guidelines
- ◆ GSA: Fees will be paid in full as long as the Employee has not exceeded the maximum benefit as authorized by the GSA Child Care Subsidy Program guidelines
- ◆ National Park Service (NPS): Fees are paid in full
- ◆ U.S. Customs and Border Protection (CBP): Fees are paid in full

Billing Errors

Billing errors may cause an underpayment or an overpayment. The Parent and Child Care Provider are required to provide correct information in relation to the Child Care Subsidy benefit received. If the Child Care Center was to receive an over-payment of Child Care Subsidy benefits, a refund or offset of the amount of the overpayment would be due. Any overpayments, including those due to a GSA/Department/Agency error, must be reported immediately to the Families' assigned agency representative.

Once GSA has confirmed that an over-payment was issued and the information has been validated, the Child Care Provider and the Member/Employee will receive an official notification which may include a request that funds be returned for further credit to the Department/Agency **or** that future invoices will be offset (maximum offset period allowed is 90 days). If repayment of funds has not been made within 90 days of the initial date of the GSA issued notification, the GSA will proceed with turning the case over to the U.S. Treasury Offset Program (TOP) for collection.

The GSA Subsidy Administration Section is responsible to collect erroneous payments made to Providers for the following reasons which include but are not limited to:

- * Erroneous or false information regarding eligibility or care provided
- * Duplicate payments or payments made for services not rendered
- * Payments made for ineligible Child Care Providers or Families

The GSA Subsidy Administration Section will make reasonable efforts to collect overpayments making a minimum of three notifications to Providers and Families. Failure by a Provider to return any requested overpayment/erroneous payment will result in a federal debt being established to collect the monies. For Members/Employees that incur an overpayment due to incorrect information submitted to the GSA which is used to calculate the benefit or a change in their status that affects their eligibility, the GSA Subsidy Administration Section will provide documentation to the Department/Agency Child Care Subsidy Program for review and action. The GSA will act on behalf of the Department/Agency for all financial decisions pertaining to Child Care Subsidy payments issued.

Families or Providers who give erroneous or false information may be permanently disqualified from participating in the GSA administered Child Care Subsidy.

GSA Administered Child Care Subsidy Programs Provider Handbook

Payment Reconciliation

Member/Employees are required to pay their portion of the total child care costs directly to their Child Care Provider. Neither the GSA, nor the Department/Agency has any responsibility for ensuring that the Family pays their portion. Failure of Families to pay their portion of child care costs may result in discontinued Child Care Subsidy benefits and possible removal from the Child Care Subsidy Program making them financially responsible for all child care costs. In addition, failure by the Providers to reimburse Families or credit their account for Child Care Subsidy benefits received may result in disqualification from the program and repayment of funds.

In the event that the Child Care Provider or the Family find that there has been an overpayment or underpayment of benefit, you must inform GSA immediately at childcareprovider@gsa.gov in order to resolve the issue promptly, or else risk being removed from the program.

Any change to a Family's rate and/or attendance must be promptly reported to the GSA at childcareprovider@gsa.gov.

If the child leaves the Child Care Provider's care, you must report this information to the GSA to ensure that an overpayment of benefits is not issued. If an over-payment is issued, the Child Care Provider will be responsible for returning the funds to the GSA.

In the event that the Family changes Child Care Providers (due to any reason), within the month of service, the final invoice will be prorated and paid based upon the child/children's last day in child care.

Questions, please contact the
GSA Subsidy Administration Section:
Phone: (866) 508-0371
Email: childcareprovider@gsa.gov

